

P11000100398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

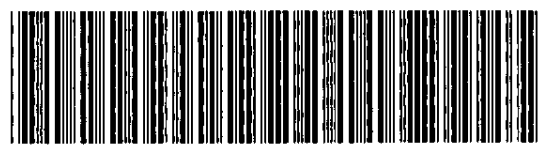
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/23/11--01001--010 **78.75

RECEIVED
11 NOV 22 PM 4: 08
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 22 PM 4: 17

PS 11/23/11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Area Marketing Promotion, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Charlotte Wheeler

Name (Printed or typed)

808 Greenleaf Drive

Address

Tallahassee, FL 32305-7520

City, State & Zip

850-210-9386

Daytime Telephone number

caw_ent@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **Area Marketing Promotion, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

808 Greenleaf Drive
Tallahassee, FL 32305-7520

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Marketing Promotions

ARTICLE IV SHARES

The number of shares of stock is: **50**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pam Wheeler - CEO/S
Address: 808 Greenleaf Dr.
Tallahassee, FL 32305-7520

Name and Title: _____
Address: _____

Name and Title: Charlotte Wheeler - P/T
Address: 18314 N.E. Cannon Branch Rd.
Hosford, FL 32334-2773

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charlotte Wheeler
Address: 18314 N. E. Cannon Branch Rd
Hosford, FL 32334-2773

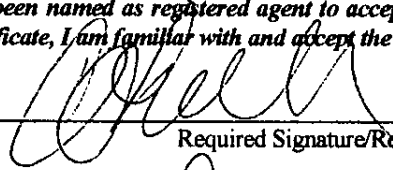
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charlotte Wheeler
Address: 18314 N. E. Cannon Branch Rd
Hosford, FL 32334-2773

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/22/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/22/11

Date